ADO'L FEE

OR

PTO:SB08 (PB-03)
Approved for use through 7/7312000, ONES 6531-6032
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a codection of interestion unless it displays a void CNES control runnber. Under the Peperson's Reduction Act of 1985, no parsons are required to respo to a collection of Info PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I ÓR SWALL ENTITY (Cotumn 1) (Cotunin 2) EER FLED MAKEER EXTEN FEE FEE. RATE FOR BASIC FEE á gha 20 = 01 OFR 1.18(d) X S DICEPENDENT CLASS (37 CFR 4.18(00) X E X \$ DOR L.WAD MUCTIPLE DEPENDENT CLAIM PRESENT OR nce in column 1 is less than zero, enter "O" in column 2. TOTAL **OR** TOTAL THE TCLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY -13-05 (COMMA 1) OR (Cataran 2) (Column 3) SMALL ENTITY MGÆST MARER PREVIOUSLY CLAINES REMAINING ADDI-DONAL FEE ADDI-4 PRESENT RATE EXTRA AFTER AMENDMENT PAID FOR FEE 70 **30** . .25. x 150. ENDM OR z s/00 . DI CIR 1, IL x 2000-QR ₹ +.20. +,360 FIRST PRESENTATION OF MALTIPLE DEPENDENT CLASS (SFGFR 1.16(1)) OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE -15-05 (Catumn 1) (Column 2) (Cotumn 3) HIGHEST MANBER PREVIOUSLY CLANS REMAINING AFTER AMENDMENT RATE ADDI-TIONAL 8 PRESENT RATE ADOI-TIONA EXTRA ENT FEE PAD FOR Total or one cases ENOM OR Endependent OF CFR LIEPS Z 5 OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 CFR 1,14(4)) OR TOTAL TOTAL ADDITEE ADDIFEE OR. 14/05 (Column 1) (Cataran 2) (Cotumn 3) CAMS HOGHEST O ADDI-TIONAL RATE ADDI-TIONAL RATE REMAINING AFTER PREVIOUSLY EXTRA FEE PAID FOR FEE CENOMENT Total pr CPR L164 OR OR PRIST PRESENTATION OF MALTIPLE DEPENDENT GLASS (\$7 OFR 1.55(0)) OR TOTAL TOTAL

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" (N THIS SPACE is less than 30, enter "20".

"If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "2".

The "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3".

The collection of intermission is required by 3" CFR 1.16. The information is enquired to obtain or estain a benefit by the public which is to life (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 enfuels to complete, including gathering, praparing, and submitting the completed application form to the USPTO. The will vary depending upon the individual case. Any comments on the entroid of the your require to complete this form and/or suggestions for reducing this burder, should be sent to the Chief Information Officer, U.S. Ospaniment of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Convenies/sener for Petents, P.O. Box 1450, Alexandria, VA 22313-1450.

ADD'L FEE